

The Area Board of Zoning Appeals  
filed: \_\_\_\_\_  
20 N.3<sup>rd</sup> Street, Lafayette, IN 47901  
(765) 423-9242  
by: \_\_\_\_\_

Date \_\_\_\_\_

Received \_\_\_\_\_

## PETITION FOR VARIANCE

Petitioner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Note: If the Petitioner is not the owner, a notarized letter of consent must be submitted with this petition.

Petitioner hereby applies for a Variance (s) from the provisions of the Unified Zoning Ordinance, and represents the following facts as true:

Street Address or common description of property:

\_\_\_\_\_

Auditor's Key Number of property: \_\_\_\_\_

Legal  
Description: \_\_\_\_\_

—

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Zoning Classification: \_\_\_\_\_

Variance(s) applied  
for \_\_\_\_\_

---

---

---

---

---

---

I (we) believe that:

The granting of this variance will not be injurious to the public health, safety, morals and general welfare of the community because:

---

---

---

The use and value of the area adjacent to the property included in the variance request will not be affected in a substantially adverse manner because:

---

---

---

The terms of the zoning ordinance are being applied to a situation that is not common to other properties in the same zoning district. My (our) situation is unique because:

---

---

---

The strict application of the terms of the zoning ordinance will result in an unusual and unnecessary hardship as defined in the zoning ordinance because:

---

---

---

The hardship involved is not self-imposed or solely based on a perceived reduction of or restriction on economic gain. Reasons:

---

---

---

The variance sought does provide only the minimum relief needed to alleviate the petitioner's hardship. Reasons:

---

---

---

The information contained within this petition and attached exhibits, to my knowledge and belief, are true and correct.

\_\_\_\_\_  
(Petitioner)  
\_\_\_\_\_  
(Name Printed)

\_\_\_\_\_  
(Petitioner)  
\_\_\_\_\_  
(Name Printed)

STATE OF INDIANA            )  
  ) SS:  
COUNTY OF TIPPECANOE )

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My Commission Expires:\_\_\_\_\_

\_\_\_\_\_  
(Notary Public)  
\_\_\_\_\_  
(Name Printed)

Resident of \_\_\_\_\_  
\_\_\_\_\_ County.